

Research Update is published by the Butler Center for Research to share significant scientific findings from the field of addiction treatment research.

RESEARCHUPDATE

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Alcohol Problems and Older Adults

The U.S. faces unprecedented growth in the number of older adults. According to a 1998 U.S. Census Bureau report, by 2025 an 87% increase of those 60 and older is expected.¹ In 1998 alone, over 23,000 people aged 60 and older entered a U.S. treatment facility for alcohol or drug dependence.² As the number of older adults increases, the number of older adults who need treatment for alcohol or drug dependence will increase as well. Researchers have begun to study the prevalence of alcohol dependence, treatment needs, and treatment outcomes among this population.

Prevalence of Problem Drinking

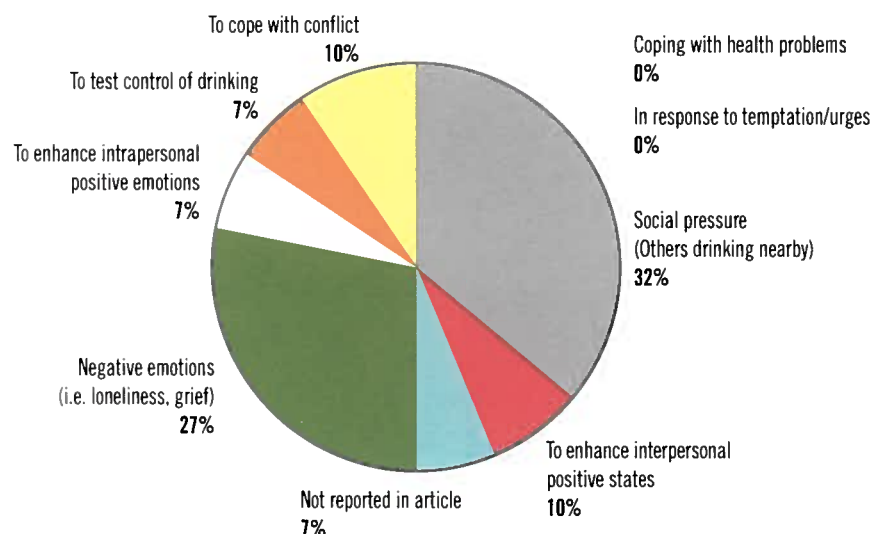
Although alcohol consumption tends to decline with age,³ a significant proportion of older adults continues or begins to drink at problematic levels. Among community samples, prevalence rates of problem drinking among older adults range from 0.9 to 9% with rates up to 24% found among older medical and psychiatric patients.^{3,4,5,6,7,8,9,10} Similar to younger adults, older adult males exhibit higher prevalence rates than do females.^{7,9,4,5,11}

Prevalence rates of alcohol or drug dependence among this population may be under-estimated due to problems with assessment. Assessment often focuses on social, legal, and occupational consequences of drinking, which may not apply to older adults. In addition, the commonly used diagnostic criteria of substance dependence do not readily apply to older adults.

Treatment Needs of Older Adults

Older adults with alcohol and drug problems have specific medical, cognitive, and emotional treatment needs. Those who began drinking early in life are typically in worse health than late-

Reasons for Relapse Among Older Adults¹²



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THE HAZELDEN EXPERIENCE

The Huss Research Chair on Older Adults with Alcohol and Drug Problems was established at the Butler Center for Research in 2001. The first three-year award was granted to the team of Frederic Blow, Ph.D. and David Oslin, MD. Together, the Research Chairs and Butler Center for Research staff will design and conduct treatment studies to improve the lives of chemically dependent older adults and their families.

CONTROVERSIES & QUESTIONS

Controversy: What about other drugs of abuse?

Response: Illicit drug abuse and dependence are not common among older adults.¹ However, older adults are at risk for abuse of psychoactive prescription medications.

Question: What factors put older adults at risk for alcohol problems?

Response: Slowed alcohol metabolism, high levels of previous drinking, and being male are factors that appear to place older adults at increased risk.²²

HOW TO USE THIS INFORMATION

- **Treatment Counselors:** Incorporate age-specific assessment tools into clinical practice to improve diagnostic accuracy.
- **Health Care Providers:** Regularly and carefully screen all older adult patients for alcohol or drug dependence. Specific assessment questions are provided on the American Geriatrics Society website (www.americangeriatrics.org/products/positionpapers).
- **Families and Friends:** Don't mistakenly assume that chemical use among the elderly "isn't hurting anyone." In reality, alcohol use can have significant negative consequences for older adults.²¹ Remember that treatment for older adults with alcohol and drug problems is effective and improves the quality of lives and relationships.

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onset drinkers and non-dependent peers, have greater difficulty withdrawing from substances, require longer detoxification stays, and exhibit more severe emotional problems.^{13, 15} Compared to younger adults, older adults are at increased risk for cognitive and functional impairment during withdrawal.¹³ In addition, many older adults identify depression, grief, loneliness, and social pressure as common antecedents to their drinking.¹⁴

Treatment Outcomes

A variety of treatment approaches work well for older adults, from brief interventions for at-risk drinkers to inpatient programs for those who are alcohol dependent.¹⁶ Several treatment facilities around the country have designed elder-specific programming which includes a slower pace, accommodations for medical and ambulatory problems, supportive rather than confrontational approaches, and focus on specific issues such as grief, loneliness, boredom, and retirement.^{16, 17}

Research data show older adults tend to do well in age-specific programming.^{16, 17} One study of men found that those who were randomly assigned to receive age-specific programming were 3 times more likely to report abstinence at 6 months and 2 times more likely to report abstinence at 12 months compared to peers who received treatment as usual in a mixed-age setting.¹⁷

Factors found to be positively related to treatment outcomes among older adults include lower pre-treatment alcohol consumption levels, having a social group that disapproves of drinking, and seeking help from mental health professionals.¹⁸ Treatment for alcohol problems and regular AA participation are also related to alcohol abstinence among older adults.¹⁹ A recent study found no relationship between age of onset and inpatient treatment outcomes.¹⁴

Summary

Alcohol use and dependence have significant negative consequences for older adults. Fortunately, treatment is effective and improves the quality of lives for older adults and their families for years to come.

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The Butler Center for Research informs and improves recovery services and produces research that benefits the field of addiction treatment. We are dedicated to conducting clinical research, collaborating with external researchers, and communicating scientific findings.

Patricia Owen, Ph.D., Director

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